

LME Alternative Service Request for Use of DMHDDSAS State Funds

For Proposed MH/DD/SAS Service Not Included in Approved Statewide IPRS Service Array

Note: Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at Wanda.Mitchell@ncmail.net, and to Spencer Clark, Chief's Office, Community Policy Management Section, at Spencer.Clark@ncmail.net. Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at Brenda.G.Davis@ncmail.net or (919) 733-4670, or to Spencer Clark at Spencer.Clark@ncmail.net or (919) 733-4670.

a. Name of LME- PBH (Piedmont Behavioral Healthcare)	b. Date Submitted 6-13-08
c. Name of Proposed LME Alternative Service- B3 Peer Support_YA309 Peer Support Group	
d. Type of Funds and Effective Date(s): <i>(Check All that Apply)</i> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> State Funds: Effective 7-01-07 to 6-30-08 <input checked="" type="checkbox"/> State Funds: Effective 7-01-08 to 6-30-09 </div>	
e. Submitted by LME Staff (Name & Title) David Jones, MA Dir. of Clinical Operations	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> f. E-Mail davidj@pamh.com </div> <div style="width: 45%;"> g. Phone No. 704-743-2106 </div> </div>

Background and Instructions:

This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds through a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an ***LME Alternative Service Request for Use of DMHDDSAS State Funds***.

This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service.

Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.

Please note that:

- an individual LME Alternative Service Request form is required to be completed for each proposed Alternative Service;
- a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to directly provide an approved Alternative Service; and
- the current form is not intended to be utilized in SFY 07-08 for the reporting on the use of county funds by an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to track and report on the use of county funds through IPRS reporting effective July 1, 2008.

	<p align="center">Requirements for Proposed LME Alternative Service</p> <p align="center"><i>(Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format. Rows may be expanded as necessary to fully respond to questions.)</i></p>
<p align="center">Complete items 1 through 28, as appropriate, for all requests.</p>	
1	<p>Alternative Service Name, Service Definition and Required Components-B3 Peer Supports Peer Support Group</p>
2	<p>Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array</p> <ul style="list-style-type: none"> <i>PBH specific service array to best provide for consumer needs within the PBH system of care</i>
3	<p>Description of service need(s) to be addressed exclusively through State funds for which Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition</p> <p>Peer Support Services are structured and scheduled activities for adults age eighteen (18) and older with a MH/SA disability. Peer Supports are provided by Peer Support staff. Peer Support Service is an individualized, recovery-focused service that allows individuals the opportunity to learn to manage their own recovery and advocacy process. Interventions of Peer Support staff serve to enhance the development of natural supports, as well as coping and self management skills. Interventions of Peer Support staff may also provide supportive services to assist an individual in community re-entry following hospitalization.</p> <p>Peer Support Services emphasize personal safety, self worth, confidence, and growth, connection to the community, boundary setting, planning, self advocacy, personal fulfillment, and development of social supports, the helper principle, and effective communication skills. Services emphasize the acquisition, development, and expansion of rehabilitative skills needed to move forward in recovery.</p> <p>Examples of specific interventions include:</p> <ul style="list-style-type: none"> <u>Self Help</u>: Cultivating the individual's ability to make informed, independent choices. Helping the individual develop a network of contacts for information and support based on experience of the Peer Support staff. <u>System Advocacy</u>: Assisting the individual to talk about what it means to have a mental illness to an audience or group. Assisting the individual with writing a letter or making a telephone call about an issue related to mental illness or recovery. <u>Individual Advocacy</u>: Discussing concerns about medication or diagnosis with the Physician or Nurse at the individual's request based on experience of the Peer Support staff. Helping the individual make appointments for psychiatric and general medical treatment when requested. Guiding the individual toward a proactive role in health care. <u>Pre-Crisis and Post Crisis Support</u>: Assisting the individual with the development of a personal crisis plan, and/or a Psychiatric Advance Directive (PAD). This includes help in developing the Wellness Recovery Action Plan (WRAP). Giving feedback to the individual on early signs of relapse and how to request help to prevent a crisis. Assisting the individual in learning how to use the crisis plan. Supporting the individual in seeking less restrictive alternatives to locked hospital facilities and Emergency Department evaluations. <u>Housing</u>: Assisting the individual with learning how to maintain stable housing through bill paying, cleaning, and organizing his or her belongings. Assisting the individual in locating improved housing situations. Teaching the individual to identify and prepare healthy foods according to cultural and personal preferences of the individual and his/her medical needs.

	<ul style="list-style-type: none"> <u>Education/Employment</u>: Assisting the individual in gaining information about going back to school or job training. Facilitating the process of asking an employer for reasonable accommodation for psychiatric disability (mental health day, flex time, etc). <u>Meals and Social Activities</u>: To build peer relationships where eating is not the core activity offered. The focus of the meal in a social setting is skill maintenance and enhancement.
4	<p>Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: (Check one)</p> <p><input checked="" type="checkbox"/> Recommends <input type="checkbox"/> Does Not Recommend <input type="checkbox"/> Neutral (No CFAC Opinion)</p>
5	<p>Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service</p> <p>Peer Support Group - 25</p>
6	<p>Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service</p> <p>Peer Support Group - \$10,000</p>
7	<p>Eligible IPRS Target Population(s) for Alternative Service: (Check all that apply)</p> <p><u>Assessment Only</u>: <input type="checkbox"/> All <input type="checkbox"/> CMAO <input type="checkbox"/> AMAO <input type="checkbox"/> CDAO <input type="checkbox"/> ADAO <input type="checkbox"/> CSAO <input type="checkbox"/> ASAO</p> <p><u>Crisis Services</u>: <input type="checkbox"/> All <input type="checkbox"/> CMCS <input type="checkbox"/> AMCS <input type="checkbox"/> CDCS <input type="checkbox"/> ADCS <input type="checkbox"/> CSCS <input type="checkbox"/> ASCS</p> <p><u>Child MH</u>: <input type="checkbox"/> All <input type="checkbox"/> CMSED <input type="checkbox"/> CMMED <input type="checkbox"/> CMDEF <input type="checkbox"/> CMPAT <input type="checkbox"/> CMECD</p> <p><u>Adult MH</u>: <input checked="" type="checkbox"/> All <input type="checkbox"/> AMSPM <input type="checkbox"/> AMSMI <input type="checkbox"/> AMDEF <input type="checkbox"/> AMPAT <input type="checkbox"/> AMSRE</p> <p><u>Child DD</u>: <input type="checkbox"/> CDSN</p> <p><u>Adult DD</u>: <input type="checkbox"/> All <input type="checkbox"/> ADSN <input type="checkbox"/> ADMRI</p> <p><u>Child SA</u>: <input type="checkbox"/> All <input type="checkbox"/> CSSAD <input type="checkbox"/> CSMAJ <input type="checkbox"/> CSWOM <input type="checkbox"/> CSCJO <input type="checkbox"/> CSDWI <input type="checkbox"/> CSIP <input type="checkbox"/> CSSP</p> <p><u>Adult SA</u>: <input checked="" type="checkbox"/> All <input type="checkbox"/> ASCDR <input type="checkbox"/> ASHMT <input type="checkbox"/> ASWOM <input type="checkbox"/> ASDSS <input type="checkbox"/> ASCJO <input type="checkbox"/> ASDWI <input type="checkbox"/> ASDHH <input type="checkbox"/> ASHOM <input type="checkbox"/> ASTER</p> <p><u>Comm. Enhance.:</u> <input type="checkbox"/> All <input type="checkbox"/> CMCEP <input type="checkbox"/> AMCEP <input type="checkbox"/> CDCEP <input type="checkbox"/> ADCEP <input type="checkbox"/> ASCEP <input type="checkbox"/> CSCEP</p> <p><u>Non-Client</u>: <input type="checkbox"/> CDF</p>
8	<p>Definition of Reimbursable Unit of Service: (Check one)</p> <p><input type="checkbox"/> Service Event <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Other: Explain _____</p>
9	<p>Proposed IPRS <u>Average</u> Unit Rate for LME Alternative Service</p> <p>Since this proposed unit rate is for Division funds, the LME can have different rates for the same service within different providers. What is the proposed <u>average</u> IPRS Unit Rate for which the LME proposes to reimburse the provider(s) for this service?</p> <p>Peer Support Group - \$2.71</p>

10	Explanation of LME Methodology for Determination of Proposed IPRS <u>Average Unit Rate for Service</u> Comparable to like services
11	Provider Organization Requirements Peer Support Staff must be employed by a mental health/substance abuse provider organization that meets the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities Developmental Disabilities, and Substance Abuse Services and the requirements of 10A NCAC 27G. These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being endorsed by PBH. The organization must be established as a legally recognized entity in the United States and qualified/registered to do business as a corporate entity in the State of North Carolina.
12	Staffing Requirements by Age/Disability <i>(Type of required staff licensure, certification, QP, AP, or paraprofessional standard)</i> Peer Support must be delivered by individuals who have the life experience of being diagnosed with a serious mental illness or substance addiction problem, but who are currently in recovery, are stable and living without relapses. The Peer Support Specialist and Peer Support Trainee must possess a high school degree or GED equivalent. North Carolina Certified Peer Support Specialists and Peer Support Paraprofessionals who: <ol style="list-style-type: none"> (1) Self identify as an individual with life experience of being diagnosed with a serious mental illness or substance abuse addiction which meets Federal Definitions, and must have a high school diploma or GED and at least five years of life experience with a serious mental illness or substance addiction which meets Federal definitions. The paraprofessional must also self identify as an individual with a psychiatric or addictions disability (2) Has demonstrated at least one (1) full year in his/her own life without crisis, relapse, or psychiatric inpatient treatment, substance abuse inpatient treatment, or criminal justice involvement, and (3) Are currently in recovery and are stable, and (4) Have a high school diploma or GED equivalency, and (5) Are supervised by a Qualified Professional (QP), and (6) Are not a family member of the individual who receives Peer Support services (7) Paraprofessionals must meet requirements in 10 NCAC 27G 0104
13	Program and Staff Supervision Requirements All Associate Professions (AP) and Paraprofessional level staff must be supervised by a Qualified Professional. Supervision must be provided according to supervision requirements set forth in 10A NCAC 27G .0204
14	Requisite Staff Training All individuals providing Peer Support Services must complete the below training within ninety (90) days of employment. The competency based training should include but not limited to the following: <ul style="list-style-type: none"> • Principles of Recovery, Resiliency and Empowerment • Ethnic and cultural considerations of the five-county area • Client Rights and Confidentiality Law • Wellness (Illness) Management and Recovery • Self Advocacy • Coping skills; organization tools; creating structure • Listening and responding Skills

	<ul style="list-style-type: none"> • Ethics of providing service in dual relationships • Knowing your limits • Other education as appropriate for clients served and service area • Diagnosis and clinical issues regarding the population served • Client Rights • Confidentiality/HIPPA • Crisis Intervention and Response • Infectious/Communicable Diseases • CPR/First Aid/Seizure Management • Person Centered Planning to include goals/strategies • Approved training on alternatives/restrictive interventions by a certified instructor prior to being alone with an individual as appropriate for the individual • Protective Devices/Usage as appropriate for the individual • Cultural Diversity/Awareness • Knowledge of the Service Delivery System • Medication Administration as appropriate for the individual
15	<p>Service Type/Setting</p> <ul style="list-style-type: none"> • Location(s) of services • Excluded service location(s) <p>Services may be provided in any location with the exception of the Peer Support staff person's place of residence. 80% of contacts must be face to face with the consumer. Travel time may be billed when the individual is with the Peer Support staff and the purpose of the travel is to access an activity related to this service; billable activities also include telephone time with the individual and collateral contact with persons who assist the individual in meeting his/her rehabilitation goals.</p>
16	<p>Program Requirements</p> <ul style="list-style-type: none"> • Individual or group service • Required client to staff ratio (if applicable) • Maximum consumer caseload size for FTE staff (if applicable) • Maximum group size (if applicable) • Required minimum frequency of contacts (if applicable) • Required minimum face-to-face contacts (if applicable) <p>Peer Support staff group may not exceed 1:9. The QP supervising Peer Support staff may not exceed 1:6 full time equivalents QP to Peer Support staff ratio. Units are billed in fifteen (15) minute increments.</p> <p>Peer Support staff can bill for time developing Psychiatric Advanced Directives as well as Wellness Recovery Action Plans and pre and/or post-crisis plans.</p>
17	<p>Entrance Criteria</p> <ul style="list-style-type: none"> • Individual consumer recipient eligibility for service admission • Anticipated average level of severity of illness, or average intensity of support needs, of consumer to enter this service <p>The recipient is eligible for this service when:</p>

	<ul style="list-style-type: none"> • An adult age eighteen (18) and older with identified needs in life skills; <p>And</p> <ul style="list-style-type: none"> • There is an Axis I or Axis II diagnosis within the Severe and Persistent Mental Illness (SPMI) or Substance Abuse dependence range; <p>And</p> <ul style="list-style-type: none"> • Meet LOCUS Level 1 “Recovery Maintenance and Health Management” or greater on the LOCUS or ASAM Level I. <p>The recipient is experiencing difficulties in at least one of the following areas, or lacks useful life experience, in one of the following areas:</p> <ul style="list-style-type: none"> • Is receiving or has recently received crisis intervention services • Is experiencing functional problems in the residence, community, church, school, job, or volunteer activity. • Is missing appointments or being late • Is in active recovery from substance abuse/dependency and is in need of mutual support from a peer for relapse prevention support • Is experiencing money management problems • Needs to develop self advocacy skills in order to decrease dependency on the mental health system of care • Needs peer modeling in order to take increased responsibility for his/her own recovery from dependency on substances • Needs Peer Supports in order to maintain a routine of daily living skills. <p>The individual recipient must be able to be receptive to services in an unstructured environment without professional presence.</p>
18	<p>Entrance Process</p> <ul style="list-style-type: none"> • <i>Integration with team planning process</i> • <i>Integration with Person Centered Plan and clinical assessment</i> <p>PBH requires that a written person-centered plan be developed by the Person Centered Planning team prior to service implementation for the delivery of medically necessary services. PBH expects that consumers play an active role in directing the type, frequency and intensity of services to ensure that the service meets the needs, abilities, preferences and expectations of the consumer and their goals for recovery. It is also PBH’s expectation that the PCP is informed by strong clinical data that supports medical necessity of a given service. Together these processes ensure that services are appropriate for meeting the consumer’s needs but are supported by clinical evidence to ensure medical necessity.</p>
19	<p>Continued Stay Criteria</p> <ul style="list-style-type: none"> • <i>Continued individual consumer recipient eligibility for service</i> <p>After a maximum of seven hundred and seventy-four (774) hours or three thousand and ninety six (3096) units of service the individual may have further units authorized if the individual continues to meet admission criteria and treatment goals have not yet been reached. The individual may choose not to participate in any other treatment/support option. The service received by the individual should be reviewed for effectiveness every six months. The Peer Support Service must be included in the individual’s Service Plan. The Service Plan must be developed as part of a Person Centered Planning Process and reflect the strengths, needs and priorities of the individual.</p>
20	<p>Discharge Criteria</p>

	<ul style="list-style-type: none"> • Recipient eligibility characteristics for service discharge • Anticipated length of stay in service (provide range in days and average in days) • Anticipated average number of service units to be received from entrance to discharge • Anticipated average cost per consumer for this service <ul style="list-style-type: none"> • The individual no longer wishes to receive Peer Support services; or • Individual has achieved two (2) years of abstinence from misuse of substances; or • Individual has maintained independent housing for two years; or • Goals of the Service Plan have been substantially met; or • Individual designed Pre Crisis/Post Crisis and Crisis Plan have worked for two years to avoid involuntary treatment and hospital emergency room usage; or <p>The Individual has not had a relapse during a step down of Peer Support hours for at least three (3) months.</p> <ul style="list-style-type: none"> • <u>Initial Authorization</u>: First ninety (90) days (or when an individual is experiencing a period of instability): No more than fifteen (15) hours per week of Individual and/or Group. • <u>Step down to Sustaining Support</u>: After first ninety (90) days and up to subsequent ninety (90) days no more than ten (10) hours per week of Individual and/or Group except when necessary to address short-term problems/issues • <u>Intermittent Support</u>: After one hundred and eighty (180) days, no more than five (5) hours per week of Individual and/or Group service. <p>A maximum of sixteen (16) units of Individual and/or Group Peer Support services can be provided in a twenty-four (24) hour period by any one Peer Support staff. No more than sixty (60) units per week of services can be provided to an individual. If medical necessity dictates the need for more service hours, consideration should be given to interventions with a more intense clinical component; additional units may be authorized as clinically appropriate.</p>
21	<p>Evaluation of Consumer Outcomes and Perception of Care</p> <ul style="list-style-type: none"> • Describe how outcomes for this service will be evaluated and reported including planned utilization of and findings from NC-TOPPS, the MH/SA Consumer (Satisfaction) Surveys, the National Core Indicators Surveys, and/or other LME outcomes and perception of care tools for evaluation of the Alternative Service • Relate emphasis on functional outcomes in the recipient's Person Centered Plan <p>For services that require completion of NC TOPPs, MH/SA Consumer Surveys, and/or National Core indicators, PBH will monitor to ensure that evaluation tools are completed within mandated time frames and reported to the required reporting bodies. PBH will also use the data obtained from these measures to track trends that effect service satisfaction, accessibility and utilization. This data then can be used to leverage changes in the PBH provider network related to quality and availability of services.</p> <p>The expected outcomes of this service are supporting recovery, reducing the need for a higher level of care. This service promotes integration into the community at large, and self reliance, rather than reliance on paid supports. Compared to previous twelve (12) months without Peer Supports there will be a:</p> <ul style="list-style-type: none"> • Reduction in use of formal treatment based services: Community Support, Psychosocial Clubhouse • Reduced crisis and psychiatric hospital utilization because the recipient has reliable contacts and a customized Crisis Plan Shortened hospital stays.

	Continued utilization of this service will be determined by medical necessity reviewed initially every 90 days or more often as needed. Subsequent reviews will occur every 180 days. PBH has established a systematic method of reviewing the quality, appropriateness, and comprehensiveness of the person-centered plan. Each goal on the person-centered plan is reviewed separately, based on the target date associated with each goal to ensure that services are individualized to meet the strength, needs, abilities and preferences of the consumer.
22	<p>Service Documentation Requirements</p> <ul style="list-style-type: none"> <i>Is this a service that can be tracked on the basis of the individual consumer's receipt of services that are documented in an individual consumer record?</i> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If "No", please explain.</i></p> <ul style="list-style-type: none"> <i>Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.</i> Minimum standard is a daily full service note that includes the individual's name, Medicaid identification number, and date of service, purpose of the contact, duration of the service, task addressed, support provided, and effectiveness of the intervention, provider signature and credentials of the staff person.
23	<p>Service Exclusions</p> <ul style="list-style-type: none"> <i>Identify other service(s) that are limited or cannot be provided on the same day or during the same authorization period as proposed Alternative Service</i> <p>Peer Support cannot be provided at the same time of day as the following services: Supported Employment, Psycho Social Club House</p> <p>Peer Support may not be provided during the same authorization period as the following services:</p> <ul style="list-style-type: none"> • Partial Hospitalization • ACTT • Community Support Team • Individual Support • SAIOP (Substance Abuse Intensive Outpatient) • SACOP (Substance Abuse Comprehensive Outpatient) <p>Individuals ages eighteen (18) to twenty-one (21) may not live in a child residential treatment facility.</p>
24	<p>Service Limitations</p> <ul style="list-style-type: none"> <i>Specify maximum number of service units that may be reimbursed within an established timeframe (day, week, month, quarter, year)</i> <p>A maximum of sixteen (16) units of Individual and/or Group Peer Support services can be provided in a twenty-four (24) hour period by any one Peer Support staff. No more than sixty (60) units per week of services can be provided to an individual. If medical necessity dictates the need for more service hours, consideration should be given to interventions with a more intense clinical component; additional units may be authorized as clinically appropriate.</p>
25	<p>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</p> <ul style="list-style-type: none"> <i>Provide other organizational examples or literature citations for support of evidence base for effectiveness of the proposed Alternative Service</i>
26	LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and

	Cost-Effectiveness of Alternative Service PBH QM Department will monitor this service for quality and fidelity to the definition through billing audit reviews.
27	LME Additional Explanatory Detail (<i>as needed</i>)